3) 30:				DETERMINAT ber 29, 1999	ION RECO	CA(Application 19/	on or 0	Pocket Nu	mber
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THA										
FOR	dall	NUME	ER FILED	NUMBER	EXTRA	RAT	E FEE	7	RATE	FEI
BASI	C FEE						345.00	OR		690.(
TOTA	L CLAIMS	51)	// minus	20= *		X\$ 9	9=	OR		24
INDE	PENDENT	LAMIMS	2 minus	3 = *		X39		7	1/70	1/2/4
MULT	IPLE DEPE	NDENT CLAIM F	PRESENT		<u> </u>	^39	' -	OR	X78=	
* If th	e difference	in column 1 in	Jana Albanin			~ <u>+130</u>)=	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	AL	OR	TOTAL	159C
Litera	C	LAIMS AS / (Column 1)	AMENDEI	(Column 2)	(Column 3)	SMA	LL ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- E TIONAL FEE		RATE	ADD: TION/ FEE
N To	otal	.48	Minus	-62	= `	X\$ 9	=	OR	X\$18=	
AM In	dependent	• /	Minus	 3	=	X39=	=	OR	X78=	
FI	RST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIM				104		
						+130		OR	+260=	
	*			•		TOT ADDIT. F		OR	TOTAL ADDIT. FEE	
	ا المستقد المستقد	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)			, ,		
MENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
	tal _,	•	Minus	**	=	X\$ 9=		OR	X\$18=	
5 —	dependent	•	Minus	***	=	X39=		1 1	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						7.00-	 	OR	A76=	
	• .					+130=		OR	+260=	
·						ADDIT. FE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								·		
AMENDMENT C	5 2 2 2 2 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	tai	*	Minus	##	=	X\$ 9=			X\$18=	
Inc	dependent	•	Minus	***	=			OR		
FI	RST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT CLAIM		X39=	<u> </u>	OR	X78=	
• If the pto in column t is less than the						+130=		OR	+260=	
* If the ntry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							E	OR.	TOTAL ODIT, FEE	•.
The	Highest Num	ber Previously Pai	dFr (Ttali	S SPACE is less that Independent) is the	n 3, enter "3." highest number			_		